

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		6/23/99
O.I.P.E. CLASSIFIER	KW	32	6/25
FORMALITY REVIEW	JB	10902	7/13/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 □ ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/14/99
2	✓	✓	5/14/99
3	✓	✓	5/14/99
4	✓	✓	5/14/99
5	✓	✓	5/14/99
6	✓	✓	5/14/99
7	✓	✓	5/14/99
8	✓	✓	5/14/99
9	✓	✓	5/14/99
10	✓	✓	5/14/99
11	✓	✓	5/14/99
12	✓	✓	5/14/99
13	✓	✓	5/14/99
14	✓	✓	5/14/99
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43	✓	✓	5/14/99
44	✓	✓	5/14/99
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46	✓	✓	5/14/99
47	✓	✓	5/14/99
48	✓	✓	5/14/99
49	✓	✓	5/14/99
50	✓	✓	5/14/99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions,  
staple additional sheet here

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